## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTRALUMINAL S	SUPPORT DEVICE W	ITH GRAFT			
the specification of w	hich is attached hereto	unless the following box is check	ed:		
	as Numbera	U.S. Application Number or PCTand was amended on			eable).
	ave reviewed and under y any amendment refer	erstand the contents of the above in the above in the above.	dentified sp	ecification	, including the
I acknowledge the du	ty to disclose informat	ion which is material to patentabil	lity as define	ed in 37 C.	F.R. §1.56.
patent or inventor's country other than the application for patent	certificate, or §365(a) United States, listed by	ler 35 U.S.C. §119(a)-(d) or §365 of any PCT International applications and have also identified belate or PCT International applications.	ation which	designate	ed at least one ox, any foreign
Prior Foreign Application(s)			Priority Claimed		
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No	
I hereby claim the ber 60/461,339 (Application No.)	nefit under 35 U.S.C. § 04/08/2003 (Filing Date)	119(e) of any United States provi	sional applic	cation(s) li	sted below.
(Application No.)	(Filing Date)		÷		
International applicat the claims of this app manner provided by t is material to patenta	ion designating the Ur plication is not disclos he first paragraph of 3 bility as defined in 37	C. §120 of any United States applied States, listed below and, inside in the prior United States or 35 U.S.C. §112, I acknowledge the C.F.R. §1.56 which became avalernational filing date of this applied	ofar as the s PCT Internate duty to distillable between	subject ma ational app sclose info	atter of each of olication in the ormation which
(Application No.)	(Filing Date)	(status - patented, pending, abandoned)			
(Application No.)	(Filing Date)	(status - natented pending abandoned)			

I hereby appoint the attorney(s) and/or agent(s) associated with the following Customer Number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith with full power of substitution and revocation:

## Customer Number 42715

Address all telephone calls to J. Matthew Buchanan at (419) 874-1100.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:	BRIAN C. CASE						
Inventor's signature		Date:					
Residence: 841 Rosewood Drive, Bloomington, Indiana 47404							
		Same					
Full name of second inventor:	JACOB A. FL	AGLE					
Inventor's signature	Date:						
Residence: 2320 South Pennsylvania Street, Indianapolis, Indiana 46225							
Citizenship: <u>U.S.A.</u>	Post Office Address: _	Same					
Full name of third inventor:	RAM H. PAU	L					
		Date:					
Residence: 1251 West Church Lane, Bloomington, Indiana 47403							
Citizenship: U.S.A.	Post Office Address: _	Same					
Full name of fourth inventor:	ANDREW K. HOFFA						
		Date:					
Residence: 550 West Fairway Lane, Bloomington, Indiana 47403							
Citizenship: <u>U.S.A.</u>							

<b>.</b>							
Full name of fifth inventor:	MICHAEL L. GARRISON						
Inventor's signature	Date:						
Residence: 2100 West Sudbury Drive, Bloomington, Indiana 47403							
Citizenship: U.S.A.	Post Office Address:	Same					
Full name of sixth inventor:	JOSEPH F. OBERMILLER						
Inventor's signature	Date:						
Residence:1906 Blueberry Lane, West Lafayette, Indiana 47906							
Citizenship: U.S.A.	Post Office Address:	Same					

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